L09000102723

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| i | | | | |
| | | | | |
| | | | | |





300212263263

09/26/11--01010--013 **25.00

SECRETARY OF STATE FALL WHASSEE, FLORIDA

011 0CT 10 PH 1:1

T. CLINE

OCT 1 1 2011

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2011

ANAHELENA NATERA 8124 NW 122ND LN PARKLAND, FL 33076

SUBJECT: ZEN LABS LLC Ref. Number: L09000102723

We have received your document for ZEN LABS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 811A00022235

www.sunbiz.org

, COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---------------|---|----------------------|---------------------------------|--|------------|
| SUBJ | ECT: ZEN LABS LLC | Limited Liability Co | mpany) | | |
| The enfiling. | nclosed member, managing member | • | • • | tted for | |
| Please | return all correspondence concerni | ing this matter to: | | | |
| ANA | HELENA NATERA | | | | |
| | (Contact Person) | J | - | | |
| ZEN | LABS | | | | |
| | (Firm/Company) | | - | | |
| 812 | 4 NW 122ND LN. | | | | |
| | (Address) | | _ | | |
| PAF | RKLAND FL 33076 | | | | |
| | (City/State and Zip Code) | | - | | |
| For fu | rther information concerning this m | atter, please call: | | 7 2 | |
| ANA | HELAN NATERA | at 954 | , 340-099 7 | OII O | emerica. |
| | (Name of Contact Person) | (Area Code | & Daytime Telephone Number | 震器 | (MATERIAL) |
| Enclos | ed plea <u>se f</u> ind a check made payab | le to the Florida I | Department of State for: | TARY OF | IT |
| | \$25 Filing Fee | | S55 Filing Fee & Certified Copy | 2011 OCT 10 PH 1: 4 SECRETARY OF STATE TALL 科技SSEE, FLORIE | |
| STRE | ET/COURIER ADDRESS: | | MAILING ADDRESS: | DE - | |
| _ | ration Section | | Registration Section | | |
| | on of Corporations | | Division of Corporations | | |
| | Building | | P.O. Box 6327 | | |
| | Executive Center Circle | | Tallahassee, Florida 32314 | | |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| 1. The name of the of State is: | | it appears on the records of the Florida Department |
|--|------------------------------|---|
| | oility company was organized | under the laws of: |
| L0900010 | 02723 | this limited liability company is: |
| 4. I, GLADIM | IR MARTIN | , hereby resign as a MGRM |
| (Print Name of Person Resigning) | | (Print Title) |
| of this limited lia resignation in wr | | e limited liability company has been notified of my |
| Signature of Res | igning Member, Managing M | TARY ASSE |
| Filing Fee: | \$25.00 (Required) | |
| Certified Copy: | \$30.00 (Optional) | STATE LORID |